

Tool #6

Illinois Cancer Resource Inventory Form

Partnership Member Information:						
Name _____						
Agency/Organization _____						
Website Address _____						
Title/Subject of Resource:						
Cancer(s) Resource Addresses:						
Breast	Cervical	Colorectal	Lung	Skin	Prostate	Oral
Other _____						
Format: (circle one)						
Bookmark	Curriculum	Fact Sheet	Flyer	Media Sample	Pamphlet/Brochure	Poster
Presentation Outline		Promotional Item	Slide Presentation		Overhead Masters	Video
Resource Catalog	Education Kit	Model Cancer Program/Project Other _____				
Acquisition:						
This resource is available as (circle all that apply):						
Public Domain	Free of Charge	Act Cost	Other _____			
Are an initial number of copies available at no charge? Yes _____ No _____						
If yes, how many? _____ For print or video materials, are reproducible masters available? ____ Yes ____ No						
Resource Specifics: (Not necessary to complete "Target Age" and "Literacy Level" if intended for professionals.)						
Target Group _____			Target Age _____			
Literacy Level _____ grade			Language(s) _____			
Year Resource Originally Produced _____			Year Last Revised _____			
Ordering/Sample Information:						
Resource Provided by _____						
Address _____						
Phone Number _____ E-mail _____ Contact _____						